

Assessment Report

Individual's name: _____

Home phone number: _____ Cell Phone Number: _____

CID#: _____ ☐ Tier 1-PG 1 ☐ Tier 2- PG 2 or 3

List Previous Employment:

Employer	Job Title	Start Date	End Date	Wage	Reason for leaving

List educational institutions and/or training programs:

Name of School	City, State	Years	Degree/Diploma/Certificate

IPE Vocational Goal, if known: _____ Requested Weekly Work Goal (hours per week): _____

Individual's career interest(s) expressed during assessment:

Prospective Employer/Business	Possible Job(s) identified with employer

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Summary of job skills and abilities as identified in the assessment process (Examples include but are not limited to soft skills, customer service skills, organizational skills, typing skills (minimum 35 WPM), cashier skills, welding skills, etc.):

Supports needed: list all – job search training, digital/electronic resume writing and/or video résumé, interview skills, transportation, housing, childcare, money management, life skills management, clothing, shoes, etc.

Individual’s comments regarding expectations of work such work environment, schedule, type:

Job Accommodations discussed that may be needed to assist with job skills attainment, job performance, and job satisfaction (Enter NA if no accommodations were discussed):

Summary EC observations of individual from assessment:

For ER & JP only, submit Electronic Résumé with other required service documentation.

EC Name: _____ Date: _____